



JAW DPC

**PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT
ABANDONED UNAVOIDABLY UNDER 37 CFR 1.137(a)**

Docket Number (Optional)

First Named Inventor: **Paul Orazi**Art Unit: **3644**Application Number: **10 / 705, 529**Examiner: **Dinh Tien**Filed: **11-12-03**Title: **Wing assembly for aircraft**

Attention: Office of Petitions
Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NOTE: If information or assistance is needed in completing this form, please contact
Petitions Information at (571) 272-3282.

The above-identified application became abandoned for failure to file a timely and proper reply to a notice or action by the United States Patent and Trademark Office. The date of abandonment is the day after the expiration date of the period set for reply in the Office notice or action plus any extensions of time actually obtained.

APPLICANT HEREBY PETITIONS FOR REVIVAL OF THIS APPLICATION.

NOTE: A grantable petition requires the following items:

- (1) Petition fee.
- (2) Reply and/or issue fee.
- (3) Terminal disclaimer with disclaimer fee – required for all utility and plant applications filed before June 8, 1995, and for all design applications; and
- (4) Adequate showing of the cause of unavoidable delay.

1. Petition fee

☒ Small entity – fee \$ 250 (37 CFR 1.17(l)). Applicant claims small entity status.
See 37 CFR 1.27.

☐ Other than small entity – fee \$ _____ (37 CFR 1.17(l)).

2. Reply and/or fee

A The reply and/or fee to the above-noted Office action in the form of
Response to the Office Action (identify the type of reply):

☐ has been filed previously on _____

☒ is enclosed herewith.

B The issue fee of \$ _____

☐ has been filed previously on _____

☐ is enclosed herewith.

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This collection of information is required by 37 CFR 1.137(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

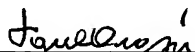
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**PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT ABANDONED
UNAVOIDABLY UNDER 37 CFR 1.137(a)**

NOTE: The following showing of the cause of unavoidable delay must be signed by all applicants or by any other party who is presenting statements concerning the cause of delay.



Signature

10-31-06

Date

Paul Orazi

Typed or printed name

Registration Number, if applicable

(In the space provided below, please explain in detail the reasons for the delay in filing a proper reply.)

The reply to the Office Action of 3-29-06 could not be filed because it was due on 4-29-06, while the applicant was in hospital, as shown by the enclosed Medicare notice, according to which the applicant was in the hospital from 4-13-06 to 5-17-06.

(Please attach additional sheets if additional space is needed.)

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

Medicare Summary Notice

September 28, 2006

PAUL ORAZI
1975 NE 135 ST
APT 3H
N MIAMI FL 33181-2103

**CUSTOMER SERVICE INFORMATION**

Your Medicare Number: 465-38-5858D1

If you have questions, write or call:
MUTUAL OF OMAHA (#52280)
MEDICARE DIVISION
P.O. BOX 1602
OMAHA, NE 68101

Call: 1-800-MEDICARE (1-800-633-4227)

Ask For Hospital Services
TDD-Telecommunication Device
For The Deaf: 1-877-486-2048

BE INFORMED: Always review your Medicare Summary Notice for correct information about the items or services you received.

This is a summary of claims processed on 09/15/2006.

PART A HOSPITAL INSURANCE - INPATIENT CLAIMS

Dates of Service	Benefit Days Used	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Control number 20625604032502 01 Kindred Hospitals East Llc Kindred Hosp South Florida 1516 E Las Olas Blvd Ft Lauderdale, FL 33301 Referred by: Waddah Allaf 04/13/06-05/12/06	29 days	\$0.00	\$0.00	\$0.00	a b

Notes Section:

a The amount Medicare paid the provider for this claim is \$23,246.68.

b Days are being subtracted from your total inpatient hospital benefits for this benefit period.

THIS IS NOT A BILL - Keep this notice for your records.

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